12109

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowell's | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowells, Rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) (Last) Bean
4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 1950

5. SEX M. | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH About 1898 | 9. AGE last birthday 52 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oysterman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Calvert Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Bean. | 14. MOTHER'S MAIDEN NAME Elizabeth Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT James Bean Jr. Dowell's Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure due

451X Antecedent cause(s)

96 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aneurism of aorta (dissecting)

(c) probably ruptured

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4.30 P.m., from the causes and on the date stated above.

SIGNATURE R. Williams (Degree or title) ADDRESS D T Henry DATE SIGNED 12/29/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 12-30-50 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) Calvert, (State) Md.

DATE REC'D BY LOCAL REG. 12-29-50 | REGISTRAR'S SIGNATURE W. W. Ward. | 24. FUNERAL DIRECTOR P. E. Sewell | ADDRESS Prince Frederick, Md

9000 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 8 1951
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12110

Reg. Dist. No. 52

1. PLACE OF DEATH — COUNTY: Prince Frederick (Calvert) — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Robert (Last) Bowers
4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1950 — 10
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 30, 1916
9. AGE last birthday: 34 yrs. — If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer tenant
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Benjamin H. Bowers
14. MOTHER'S MAIDEN NAME: Carrie E. Weese
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes. — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Benjamin H. Bowers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broken neck, Hemorrhage — 816.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 170C
(b)
(c) Auto accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Died instantly

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): highway — (CITY OR TOWN) Prince Frederick (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 12 30 A m. — INJURY OCCURRED While at Work ☐ Not While At work ☑ — HOW DID INJURY OCCUR? Auto accident with other motor vehicle

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE: Richard P. W. Z. — (Degree or title) — ADDRESS: Owings Md. — DATE SIGNED: 12/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 12, 1950 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county) (State): Barstow Md.
DATE REC'D BY LOCAL REG.: Dec 10, 1950 — REGISTRAR'S SIGNATURE: Grace L. Hutchins
24. FUNERAL DIRECTOR: Wm H. Hutchins — ADDRESS: Owings

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 20 1950
BUREAU A.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12111

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 16 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Percy (Middle) W. (Last) Bowen

4. DATE OF DEATH (Month) Dec. (Day) 4, (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH Sept. 17, 1880

9. AGE last birthday 70 yrs. If under 1 year: Months 2 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Calvert County Md

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John H. Bowen

14. MOTHER'S MAIDEN NAME Emma E. Leitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS Merton Bowen - Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Prostate

177x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 48, to Dec 3, 19 50, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Page Seth (Degree or title) ADDRESS Prince Frederick DATE SIGNED 12/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Dec. 6, 1950 NAME OF CEMETERY OR CREMATORY Calvary Cemetery LOCATION (City, town, or county) Huntingtown, (State) Md

DATE REC'D BY LOCAL REG. 12-5-50 REGISTRAR'S SIGNATURE H. N. Ward

24. FUNERAL DIRECTOR A. A. Hackness Sons - Mutual, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12112

Reg. Dist. No. 57

1. PLACE OF DEATH
COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings — Rural.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) (Last) Brooks.

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1950

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: 3-10-1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert, Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Benjamin Tyler.

14. MOTHER'S MAIDEN NAME: Rosena Gross.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: John Hick. 1617 N. Carey St Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive heart disease.

443x

Antecedent cause(s)

T3d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1950, to 12/17, 1950, that I last saw the deceased alive on 12/16, 1950, and that death occurred at 6:10 A.m., from the causes and on the date stated above.

SIGNATURE: J. H. Weems. (Degree or title): MD ADDRESS: Huntingtown Md DATE SIGNED: 12/15/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12-19-50 — NAME OF CEMETERY OR CREMATORY: St John's Lower Marlboro — LOCATION (City, town, or county) (State): Calvert, Md

DATE REC'D BY LOCAL REG.: 12-18-50 — REGISTRAR'S SIGNATURE: N. W. Ward

24. FUNERAL DIRECTOR: P. T. Sewell. — ADDRESS: Prince Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12113

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ches. Beach | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ches Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Thomas W (Last) Chase
4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1950

5. SEX M
6. COLOR OR RACE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Month 12 Day 25 Year 1883
9. AGE last birthday 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pub Public
10b. KIND OF BUSINESS OR INDUSTRY Public work
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME Harriet Travis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO. 213-01-8083
17. INFORMANT AND ADDRESS Florence Chase

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prostate Carcinoma — 18 mo

177X Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 45 A m., from the causes and on the date stated above.

SIGNATURE H. Ward, O.M.E. (Degree or title) ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 12-28-50
NAME OF CEMETERY OR CREMATORY St Edmonds.
LOCATION (City, town, or county) Calvert Co., (State) Md

DATE REC'D BY LOCAL REG. 12-27-50
REGISTRAR'S SIGNATURE H. H. Ward
24. FUNERAL DIRECTOR P. E. Sewell. ADDRESS Prince Frederick,

VS. A15

M

I

RECEIVED
DEC 29 1950
BUREAU V. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12114

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dunkirk — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dunkirk

STREET ADDRESS (If rural, give location): Md

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Juanita (Last) Ford

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1950

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~Div~~

8. DATE OF BIRTH: Oct. 8 1900

9. AGE last birthday: 50 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Wilson

14. MOTHER'S MAIDEN NAME: Emma Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary embolism — 2 wks

420.1 Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 10/2, 1929, to 12/4, 1950, that I last saw the deceased alive on 12/3, 1950, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE: H Ward — (Degree or title): — ADDRESS: Owings Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12-7-50 — NAME OF CEMETERY OR CREMATORY: Coopers Church. — LOCATION (City, town, or county): Calvert Co. — (State): Md

DATE REC'D BY LOCAL REG. 12-6-50 — REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR: P. E. Sewell — ADDRESS: Prince Frederick Md

52486

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 16 1960
BUREAU V. A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

12115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowell's | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowells. Rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Cornelius (Middle) (Last) Johnson
4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 1950
5. SEX M. | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 12-25-1864 | 9. AGE last birthday 86 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oysterman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Calvert Co | 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Albert Johnson. | 14. MOTHER'S MAIDEN NAME Rebecca ~~Rolfork~~. Norfolk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ethan Johnson. Dowells, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) — Coronary Embolism —

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/— 19.50, to 12/29 19.50, that I last saw the deceased alive on ....., 19....., and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE R.D. Leonard (Degree or title) ADDRESS DATE SIGNED 12/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 1-1-51 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) Calvert (State) Md.
DATE REC'D BY LOCAL REG. 12-29-50 | REGISTRAR'S SIGNATURE H.W. Ward. | 24. FUNERAL DIRECTOR P.E. Sewell. ADDRESS Prince Frederick, Md.

90011

FILED
JUN 3 1951
KEARNEY, U.S.
FILED
1951
KEARNEY, U.S.

12116

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Moses (Middle) (Last) Lake
4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 1950
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH (Month, Day, Year) About 1866
9. AGE last birthday 84 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME Hanna Lake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Emma Jane Lake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis — 5 yrs

450.0 97

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE Howard C Mc Z. (Degree or title) ADDRESS Olney Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 12-31-50 | NAME OF CEMETERY OR CREMATORY Mt Hope | LOCATION (City, town, or county) Calvert (State) Md
DATE REC'D BY LOCAL REG. 12-29-50 | REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR T. E. Seewald ADDRESS Prince Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1957
BEAU V. B

FNM No. G 130 JAN 16 1951

Evidence for addition of #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12117

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barstow
LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Adelina
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Griffin (Last) Mannett

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: Aug. 29, 1899

9. AGE last birthday: 51 yrs. — If under 1 year: Months 3, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph L. Mannett

14. MOTHER'S MAIDEN NAME: Nellie Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 213-22-1120

17. INFORMANT AND ADDRESS: Clifford Mannett - Adelina, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) II Fracture of foot left

186a (c) II fell out of barn

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Acc.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE) Adelina, Calvert Co. Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 11-25-50 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell out of barn. (1-16-51 - ams)

22. I hereby certify that I attended the deceased from 11/20, 1950, to 12/20, 1950, that I last saw the deceased alive on 12/19, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] — (Degree or title): M.D. — ADDRESS: Huntingtown Md — DATE SIGNED: 12/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 23, 1950

NAME OF CEMETERY OR CREMATORY: Central Cemetery

LOCATION (City, town, or county) (State): Barstow Maryland.

DATE REC'D BY LOCAL REG.: 12/23/50

REGISTRAR'S SIGNATURE: N. W. Ward

24. FUNERAL DIRECTOR: A. A. Harkness & Son — ADDRESS: Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12118

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Island Creek, Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Island Creek, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Harrison (Middle) M. (Last) Parker

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1950

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 11-2-88

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. Parker

14. MOTHER'S MAIDEN NAME: Sarah Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mattie Gantt Island Creek, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acidosis

Antecedent cause(s) 592 X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131 b

(b) Chronic nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on 12/8, 19 50, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

SIGNATURE: J. A. Williams (Degree or title) — ADDRESS: 5th Avenue — DATE SIGNED: 12/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12-21-50 — NAME OF CEMETERY OR CREMATORY: Brooks Chapel — LOCATION (City, town, or county) (State): Island Creek, Md.

DATE REC'D BY LOCAL REG.: 12-19-50 — REGISTRAR'S SIGNATURE: N. W. Ward

24. FUNERAL DIRECTOR: P. E. Sewell — ADDRESS: Ft. Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12119

Reg. Dist. No. 57

1. PLACE OF DEATH
COUNTY Calvert County N MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rita (Middle) Ann (Last) Thomas

4. DATE OF DEATH (Month) 12 (Day) 18 (Year) 1950

5. SEX F

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) St

8. DATE OF BIRTH 12-7-50

9. AGE last birthday yrs. If under 1 year: Months. Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Huntingtown, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Howard Thomas

14. MOTHER'S MAIDEN NAME Margaret Mackall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Margaret Mackall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia —

Antecedent cause(s) 763.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107

(b) — Acute cold

(c)

Sudden

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Rd Williams St Thomas 12/18/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 12-19-50

NAME OF CEMETERY OR CREMATORY Patuxent

LOCATION (City, town, or county) Huntingtown (State) Md

DATE REC'D BY LOCAL REG. 12-19-50

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Pr. Frederick, Md

20101022264

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12120

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wilson (Middle) (Last) Williams

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1950

5. SEX M | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH (Month) 1905 | 9. AGE last birthday 35 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm | 10b. KIND OF BUSINESS OR INDUSTRY Public worker | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Basil Williams | 14. MOTHER'S MAIDEN NAME Cynthia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Boyd Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary embolism — ?

420.1 Antecedent cause(s)

9+a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found dead in bed

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

H. M. Ward D. V. M. Owings Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 12-11-50 | NAME OF CEMETERY OR CREMATORY St. Edmunds | LOCATION (City, town, or county) (State) Huntingtown, Calvert Md

DATE REC'D BY LOCAL REG. 12-8-50 | REGISTRAR'S SIGNATURE H. W. Ward | 24. FUNERAL DIRECTOR P. E. Sewell | ADDRESS

98899

RECEIVED
DEC 16 1959
CAU 7.6